

State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

side.

Signature on File

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

E			

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFO	RMATION		
Full name of committee (as on Statement of Organization)  Check if this is a new name of committee (as on Statement of Organization)  Check if this is a new name of committee (as on Statement of Organization)			
7 - 7	EYUZ		
2. Acronym or abbreviated name, if any	3. Committee	telephone number	OF STREET, STR
A. Column A is the reporting total constributions for the current reporting period.	1317	1773-83	52 MARIE PARTE
4. Mailing address (address where all campaign finance correspondence is received)	Check if this is a ne	ew address	induding any etteched schedu
5. City, state, ZIP code	6. Party affills	ation (if applicable)	THE STATE OF THE CASE OF
MOBLESVILLE, IN 46060	R	EPUBLICA	ni bidhimdue nodamale.
CANDIDATE INFORMATION (For Car	ndidate's Comm		
7. Full name of candidate (include any nickname)		ation or if independent	of Organization (Film CFA-1,
KENTON C. WARD	K	EPUBLICAN	
Office sought (Include district number, if any, Not required for exploratory committee.)	10. County of		THE PARTY OF THE PARTY AND PARTY.
HAMILTON COUNTY SURVEYOR	1	ton, Lon	settioners adjusted & BRID.
TYPE OF REPORT		The second secon	TON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be *0	A STATE OF THE PARTY OF THE PAR	
U Outgoing Treasurer (within 10 days amend Statement of Organization)	<del>orbital unit di</del>	Post-Conve	
12. Reporting period:		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	00		
14. Cash on hand and investments January 1, current year.		3896.05	
CONTRIBUTIONS AND RECEIPTS			818,33
(Note: these amounts include in-kind contributions and loans, as well as cash con	atributions )		
15a. Itemized (use Schedule A)	In the second second	-0-	2950,00
15b. Uniternized		0	350,00
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	0	3300
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	0	4118,33
Alors			
(Note: These amounts include in-kind expenditures and loan repayments.)		600	400
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		40 =40	
17b. Unitemized		160	262,28
17c. Add lines 17a and 17b in both columns	SUBTOTAL	GO-AA	862,28
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both	columns) TOTAL	3756.05	3256.05
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		8	
sets this CPA-4. If a candidate's confinites is completing this report and a			
person ultier than the condidate serves as tracount this report must be served.		apresbleen leughours a	ITEM 10 Enter the candidate
CERTIFICATION			FOR OFFICE USE ONLY

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-18.)

I CERTIFY THAT, I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

MA 81 30 0002

CLERIC, HAMILTON COUNT



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	ONTRIBUTOR'S NAME,			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
(street, number, city, state, ZIP code)		PERIOD	TEAR-TO-DATE	RECEIVED
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	Contributions:  Direct In-Kind (describe)			
ibutor's Occupation (if required)	Other Receipts:  Interest □ Loan  Misc (specify)			
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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Contributions:		CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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□ Interest □ Loan □ Misc (specify)  SUB TOTAL THIS PAGE OF SCHEDULE A S	5.					
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## (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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## (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
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#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

#### Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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### (CFA-4 SCHEDULE B) Itemized Expenditures

	FILE NUMBER	
Page	of	ection 3o

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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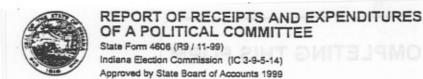
### (CFA-4 SCHEDULE D) Debts Owed by This Committee

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previous loans or debts owed to the

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the
committee during the reporting period. Include all amounts owed for or to lending institutions, individuals,
credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the
name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes
loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME  & MAILING ADDRESS.	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	GUTSTANDING BALANCE THIS PERIOD
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### (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS( if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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